

OLID INVENTION DISCLOSURE

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Survey Id: 7560

Mapped Record Id: 81038300

(* indicates mandatory fields)

INVENTION DESCRIPTION**FILLING IN THE FORM**

There are seven sections on this page and listed in the menu on the left side of the screen you will find the screens for entering Inventors, Related Art and documents. You can click on the link to go to that section

SAVING YOUR INFORMATION

You can fill the sections in any order. After completing each section, click on the Save button. You must save before leaving a section.

EDITING YOUR DRAFT

If you decide not to complete all sections in a single session, you can simply leave the site or close the browser. You can subsequently login again and continue from where you left off.

SUBMITTING YOUR COMPLETED DRAFT

After you fill in and review all the sections, then click on 'Inventors' on the left and then press the 'Ready for Approval' button. All Inventors must view the draft and approve it for submission. Your invention disclosure will be submitted to Ford's Global Technologies office automatically after all inventors approve.

**1. Invention Title (Required)**

Provide a fully-descriptive Title for your Invention, up to 2 lines in length.

CLOSED LOOP CONTROL ON BATTERY POWER LIMITS BASED ON VOLTAGE

2. Short Title (Required)

Provide Short Title for your Invention, up to 40 characters in length.

3. Originating Company (Required)

Ford Motor Company 14000214

**4. Originating Country (Required)**

United States of America 64000134

PROBLEM AND SOLUTION**5. Problem (Required)**

Describe the problem you were trying to solve that lead to your development.

Diagrams

Create appropriate diagrams (schematics, drawings, sketches, flowcharts, etc.) to illustrate your proposed solution. Attach these using the "Documents" menu option on the top left hand side of the screen.

**6. Your Solution (Required)**

Referring to the diagrams attached in Question 2, describe the solution you propose in broad, conceptual terms. (Additional detail may be given in the Part F, Detailed Description, below.)

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7. Results of Solution (Required)

Describe each of the results achieved by your solution.

INVENTORS**Inventors and Other Contacts**

Using the button on the left, add all Inventors and other persons who should have access to this Invention Disclosure. The creator must add all other Inventors and Non-Inventors to allow them access.

PREVIOUS SOLUTIONS**8. Differences/Advantages of Your Solution (Required)**

Describe the structural and/or functional differences between your solution and previous solutions, and the advantages of your solution over the previous solutions.

**9. Related Art**

Identify the closest technology of which you are aware. Attach any patents or other publications using the button at the left of this page, Related Art. If necessary, enter a brief description of any attached documents. Failure to identify the most relevant related art of which you are aware may result in a patent resulting from this disclosure being invalid and unenforceable.

DATES**10. First Record of Invention (Required)**

Describe the first record of this invention, including where you wrote/recorded it, and whether anyone else was present as a witness. (If this is the first record, please indicate.)

This is the first record of invention. It was recorded on Wed Apr 17 16:36:25 EDT 2002.

11. Date of First Record (Required)

Provide the date on which you made the record of the invention

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12. Date of Working Model

If applicable, provide the anticipated or completed date of the first working model, prototype, or demonstrated result of this invention.

15 April 2002

**13. Date of First Planned Usage**

Provide the anticipated or planned date of the first production usage of this invention. (Do not enter a date based upon wishful thinking.)

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**14. Planned Usage**

Powertrain control: 2003.5 HEV

15. Use Duration

How long do you expect your Invention to be used? (for example: 2 years)

16. External Disclosure

If this invention has been discussed with or otherwise disclosed to non-company personnel, provide their name(s) and

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contact details (telephone number, address, e-mail, etc.) AND If you have worked with someone at FGTI, please identify him or her here.

DETAILED DESCRIPTION

17. Detailed Description (Required)

If appropriate, provide a description of the invention in greater detail than given above in Part C Problem and Solution. Include alternative ways to build/design/perform the invention. (The more detail you provide, the greater the chance that FGTI will be able to identify a patentable invention.)

18. Related Invention Disclosure(s)

Provide the Invention Number of any related invention disclosures

None

ADDITIONAL INFORMATION

19. If disclosed to non-Company personnel, identify recipient and date OR If you have worked with someone in FGTI, please identify that person.

20. Approval to submit was given by:

MKUANG: 20-MAY-02 FSYED: 20-MAY-02 RMCGEE3: 20-MAY-02 JCZUBAY: 05-JUN-02 JBUTCHE6: 20-MAY-02

21. New Technology Description:

22. Replacement Part

Does this invention relate to a replacement part?

No

23. CPSC Code (Required)

Please make sure CPSC is selected from the classification drop down.

24. Big Bang Project (Required)

Is this invention potentially related to any current Big Bang Project? Please make sure BIG BANG is selected from the classification drop down.

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25. Innovation Acceleration Center, Dearborn MI

Is this invention potentially related to any session at the Innovation Acceleration Center in Dearborn, MI?

26. Innovation Acceleration Center Contact

If your invention is related to any session at the Innovation Acceleration Center in Dearborn, MI, please select your FGTI contact.

27. Government Contract (Required)

Was this invention developed under a government contract?

No

28. Government Contract Number

If you answered Yes to question 28, provide the government contract number.

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29. Involved Organizations

If any other company, consortium, partnership, or government agreement was involved with the conception, development, or first building of this invention, provide their name(s) and contact details (telephone number, address, e-mail, etc.).

30. Potential Licensing Opportunities

Identify any potential licensing opportunities within and, if appropriate, outside the auto industry.

This control strategy could be used by any manufacturer of vehicles with electric powertrains. It could also be used by a manufacturer of a traction battery system.

31. Potential Licensing Contacts

If you identified any potential licensing opportunities in question 31, provide company name(s), contact name(s), and contact details (telephone number, address, e-mail, etc.) of potentially interested parties.

32. Patent Committee (Required)

Please select the Patent Committee for internal review.

HEFCVT 36

33. Project Number

Please provide any Project Number to which this disclosure is related.

34. Work Task Number

Please provide any Work Task Number to which this disclosure is related.

INVENTORS

Name	Email	Phone	Approved
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TERMS AND CONDITIONS

Version Number / Text

DOCUMENTS

Document/Title	Date	Document Type
Detailed invention description	14 Jul 2003	Word Document

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NEW CASE FORMDate: 19 July 2004Client Number: FMC Case/File Number 1797 PUSPClient Name: Ford Global Technologies, LLCClient Reference No. 81105828 (Hanze)Title: CLOSED LOOP CONTROL ON BATTERY POWER LIMITS BASED ON VOLTAGE(Based on USSN 60/ filed July 2004)Originating/Responsible Atty: ELB Billing Attorney: FAA / DJHType of Law: PUSP (If "L", "OC", "I" or "IVI" complete appropriate section below).

Serial No. _____ Filing Date: _____

Patent No. _____ Issue Date: _____

Open Date: 19 July 2004 Statutory Bar Date: _____**Litigation Information**

Attorneys assigned to case: _____ Approved By TAL: _____

Does Client have insurance coverage? _____ Yes _____ No / Atty Initials: _____ Date: _____

ALSO COMPLETE NEW LITIGATION FILE FORM**Infringement/Validity Investigation (IVI) Information**

Attorneys assigned to case: _____ Approved By JEN: _____

Parties and subject matter involved _____

Billing InformationEstablished Client: X New Client: _____

Retainer Received: _____

Projected Cost: \$ _____Billing Period: Monthly X (M) (DEFAULT) Quarterly _____ (Q)
On Demand _____ (D) Contingent _____ (C)

Fee Type:

X 1) Hourly (DEFAULT)

_____ 2) Flat Fee: _____ Max Hours: _____ Max \$ Amount: _____

_____ 3) Contingency: _____ %

_____ 4) Non-Billable

_____ 5) Special Rate \$ _____ (Used in lieu of the normal hourly rate)

Completed By: Claire**FILE COPY****BEST AVAILABLE COPY**